

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	KBS		05/23/00
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		160500 214723	10-5 4/14/01

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	9/15/00 10/12/00
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Claim	Date
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Claim	Date
Final	Original
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If more than 150 claims or 10 actions  
staple additional sheet here

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